

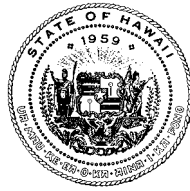
State of Hawaii
Department of Health
Family Health Services Division

Request for Proposals
RFP No. HTH 550-7
Comprehensive Primary Care Services

Date Issued: October 12, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
P. O. Box 3378
HONOLULU, HAWAII 96801-3378

October 12, 2004

REQUEST FOR PROPOSALS

**COMPREHENSIVE PRIMARY CARE SERVICES FOR THE UNINSURED
RFP No. HTH 550-7**

The Department of Health, Family Health Services Division, is requesting proposals from qualified applicants to provide comprehensive primary care services to uninsured individuals and families (statewide) who fall within 250 percent of the Federal poverty level. Services may include, but are not limited to perinatal, pediatric, adult primary care, behavioral health care and dental treatment services. The contract term will be from July 1, 2005 through June 30, 2007, with the possibility of an extension until June 30, 2009. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Health Services Division will conduct an orientation on October 20, 2004 from 9:00 a.m. to 12:00 noon HST, at the Best Western Plaza Hotel on Oahu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on November 30, 2004. All written questions will receive a written response from the State on or about December 15, 2005.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Charlene Gaspar, M.P.H., R.N. at 3652 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-8361, fax: (808) 733-8369, e-mail: charlene.gaspar@fhds.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND 3 COPIES OF THE PROPOSAL ARE REQUIRED.
--

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
BEFORE 12:00 MIDNIGHT H.S.T.,
January 14, 2005**

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP COORDINATOR

Valerie K. Ako
For further info. or inquiries
Phone: 586-4556
Fax: 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M. H.S.T.,
January 14, 2005.**

Drop-off Sites

For applicants located on **Oahu**:
Department of Health
Administrative Services Office
Room 310, Kina'u Hale
1250 Punchbowl Street
Honolulu, Hawaii

For applicants located on **Maui**:
Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Wailuku, Maui
Attn: DOH Admin. Services Office

For applicants located in **East Hawaii**:
Department of Health
Hawaii District Health Office
State Office Building, Room 105
75 Aupuni Street
Hilo, Hawaii
Attn: DOH Admin. Services Office

For applicants located on **Kauai**:
Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: DOH Admin. Svcs. Office

For applicants located in **West Hawaii**:
Department of Health
Hawaii District Health Office at Kona
Kealahakua Business Plaza, Room 103
81-980 Haleki'i Street
Kealahakua, Hawaii
Attn: DOH Admin. Services Office

**BE ADVISED: All mail-ins postmarked by USPS after 12:00 midnight H.S.T.,
January 14, 2005, will not be accepted for review and will be returned.
Hand deliveries will not be accepted after 4:30 p.m. H.S.T.,
January 14, 2005.**

**Deliveries by private mail services such as FedEx or UPS, shall be
considered hand deliveries, and will not be accepted if received after
4:30 p.m. H.S.T., January 14, 2005.**

RFP Table of Contents

Section 1 Administrative Overview

I.	Authority	1-1
II.	RFP Organization.....	1-1
III.	Contracting Office	1-2
IV.	Procurement Timetable.....	1-1
V.	Orientation	1-2
VI.	Submission of Questions	1-3
VII.	Submission of Proposals	1-3
VIII.	Discussions with Applicants	1-5
IX.	Opening of Proposals.....	1-5
X.	Additional Materials and Documentation.....	1-6
XI.	RFP Amendments	1-6
XII.	Final Revised Proposals.....	1-6
XIII.	Cancellation of Request for Proposals.....	1-6
XIV.	Costs for Proposal Preparation.....	1-6
XV.	Provider Participation in Planning.....	1-6
XVI.	Rejection of Proposals	1-7
XVII.	Notice of Award.....	1-7
XVIII.	Protests.....	1-7
XIX.	Availability of Funds	1-8
XX.	Monitoring and Evaluation	1-8
XXI.	General and Special Conditions of the Contract.....	1-9
XXII.	Cost Principles	1-9

Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need	2-1
	B. Description of the Goals of the Service	2-1
	C. Description of the Target Population to be Served.....	2-1
	D. Geographic Coverage of Service	2-1
	E. Probable Funding Amounts, Source, and Period of Availability.....	2-2
II.	General Requirements.....	2-2
	A. Specific Qualifications or Requirements	2-2
	B. Secondary Purchaser Participation	2-2
	C. Multiple or Alternate Proposals.....	2-2
	D. Single or Multiple Contracts to be Awarded	2-2
	E. Single or Multi-Term Contracts to be Awarded	2-2
	F. RFP Contact Person	2-3
III.	Scope of Work	2-3
	A. Service Activities	2-3
	B. Management Requirements	2-5
IV.	Facilities.....	2-8

Section 3 - Proposal Application Instructions

General Instructions for Completing Applications	3-1
I. Program Overview	3-2
II. Experience and Capability	3-2
A. Necessary Skills	3-2
B. Experience.....	3-2
C. Quality Assurance and Evaluation.....	3-2
D. Coordination of Services.....	3-2
E. Facilities.....	3-2
III. Project Organization and Staffing.....	3-2
A. Staffing.....	3-2
B. Project Organization	3-3
IV. Service Delivery.....	3-3
V. Financial.....	3-4
A. Pricing Structure	3-4
VI. Other	3-5
A. Litigation.....	3-5

Section 4 – Proposal Evaluation

I. Introduction.....	4-1
II. Evaluation Process	4-1
III. Evaluation Criteria	4-2
A. Phase 1 – Evaluation of Proposal Requirements	4-2
B. Phase 2 – Evaluation of Proposal Application.....	4-2
C. Phase 3 – Recommendation for Award	4-4

Section 5 – Attachments

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Description of Support Services
Attachment D.	Department of Health’s Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
Attachment E.	Form C-3 – Performance Based Budget
Attachment F.	Table A – Performance Measures

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance.

The Contracting Office is:

Family Health Services Division

Department of

Health

3652 Kilauea Avenue

Honolulu, HI 96816

Phone (808) 733-8361 Fax: (808) 733-8369

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	Oct. 12, 2004
Distribution of RFP	Oct. 12, 2004
RFP orientation session	Oct. 20, 2004
Closing date for submission of written questions for written responses	Nov. 30, 2004
State purchasing agency's response to applicants' written questions	Dec. 15, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	Nov. - Dec. 2004
Proposal submittal deadline	Jan. 14, 2005
Discussions with applicant after proposal submittal deadline (optional)	Late Jan. to Mar. 2005
Final revised proposals (optional)	Late Jan. to Feb. 2005
Proposal evaluation period	Mid Jan.- Mar. 2005
Provider selection	Mar. - April 2005
Notice of statement of findings and decision	Mar. - April 2005
Contract start date	July 1, 2005

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: October 20, 2004 **Time:** 9:00 a.m. to 12:00 noon HST

Location: Best Western Plaza Hotel (near Honolulu International Airport)
3253 N. Nimitz Highway, Honolulu, HI 96819 Phone: 836-3636

Free Shuttle Service. Call hotel at 836-3636 for hotel shuttle or use courtesy phone at baggage claim to call hotel for shuttle.

Please bring a copy of the RFP with you.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous

answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: November 30, 2004 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: December 15, 2004

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is not permitted by the state purchasing agency.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Svcs. Office
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl St., Honolulu, HI 96801	Business Address: 1250 Punchbowl St., Honolulu, HI 96801

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures (as applicable)
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Department of Health (“DEPARTMENT”), Family Health Services Division, is soliciting applications for purposes of providing comprehensive primary health care services to uninsured individuals and families statewide. On-site services may include, but are not limited to perinatal, pediatric, adult primary care, behavioral health care, and dental treatment.

According to the U.S. Census Bureau, ten percent or 123,000 of Hawaii’s population was uninsured in 2002. Approximately 78,949 uninsured individuals are at or below 250% of the Federal poverty level and are potentially eligible to receive services under this RFP. (These figures are based on the U.S. Census Bureau, Bureau of Labor Statistics data). The Department contracts with community-based providers to serve uninsured individuals that are at or below 250% of the Federal poverty level.

Access to primary health care services will reduce morbidity and mortality by providing timely, appropriate and less expensive care, and thereby prevent the development and exacerbation of serious health conditions.

B. Description of the goals of the service

The goals of the program are to: 1) provide the uninsured population with access to on-site comprehensive primary care services, including behavioral health care, and dental treatment services; and 2) improve the health status of populations in areas of the State designated as in need of services as identified in the 2003 Primary Care Needs Assessment Databook published by the Family Health Services Division.

C. Description of the target population to be served

For purposes of this RFP, the term “medically uninsured” shall be defined as individuals and families who are not covered by medical insurance or other resources, and whose family income falls within two hundred fifty percent (250%) of the Federal poverty guidelines.

D. Geographic coverage of service

Services shall be statewide.

E. Probable funding amounts, source, and period of availability

The base amount of State funds available for primary and behavioral health care services in each of fiscal years 2006 through 2009 is \$2,024,379. In addition, it is anticipated that the legislature may appropriate additional amounts of up to \$3,000,000 over the base amount in each of fiscal years 2006 through fiscal year 2009. This RFP has been developed in a manner as to satisfy the procurement requirements for additional legislative appropriations should they become available. The legislative intent for use of the funds, however, must be consistent with this RFP.

The State may procure on-site dental treatment services if the legislature appropriates additional funds over the base amount of \$2,024,379.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

Not applicable.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☒ Multiple ☐ Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract: July 1, 2005 to June 30, 2007, with the possibility of two additional 12 month extensions.

Maximum length of contract: 4 years

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Charlene Gaspar, M.P.H., R.N.
 3652 Kilauea Avenue, Honolulu, HI 96816
 Phone: (808) 733-8361 Fax: (808) 733-8369
 Email: charlene.gaspar@fhsd.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1) Comprehensive Primary Care Services

The awardee shall provide comprehensive primary care services by a multidisciplinary team which may include primary care physicians, psychiatrists, psychologists, certified mid-wives, nurse practitioners, physician assistants, nurses, social workers, community outreach workers, nutritionists, dieticians, and health educators. Each client visit shall address the physical, mental, emotional, and social concerns and needs of clients and their families in the context of their living conditions, family dynamics, cultural background and community. Services shall be culturally sensitive to the values and behavior of clients and their families, and be confidential, voluntary, and include health education and informed consent procedures. Services may include, but are not limited to perinatal, pediatric, adult primary care, and behavioral health care. The awardee shall:

- a) Provide on-site clinical services that include, but are not limited to health assessments/physical examinations, behavioral health care, acute/episodic care, chronic care, follow-up, and referral, which are not covered by insurance or other resources. Services shall be delivered by primary care physicians, psychiatrists, psychologists, certified nurse mid-wives, nurse practitioners, and physician assistants.
- b) Behavioral health care services shall be provided by licensed psychiatrists and psychologists. Services shall be limited to individuals only and shall include psychiatric diagnostic or evaluative interview

procedures; insight oriented, behavior modifying and/or supportive psychotherapy; and pharmacologic management. Current Procedural Terminology (“CPT”) codes shall be provided to the DEPARTMENT for purposes of reimbursement.

- c) Provide a comprehensive Physical Examination (“PE”) for children 0-18 years within 6 months of an initial episodic visit then at intervals following the Early and Periodic Screening, Diagnosis, and Treatment Program (“EPSDT”) periodicity schedule. The PE should include, but is not limited to:
- Body Mass Index (“BMI”) including family members, and assessment for risk of being overweight.
 - Developmental screening and social emotional screening for children under 6 years old using the Ages and Stages Questionnaire (“ASQ”) and the Ages and Stages: Social Emotional (“ASQ-SE”).
 - Completion of the Child Lead Risk Questionnaire from 6 months to 6 years of age.
 - Oral Health Assessment for children under 2 years old. Referral to dental home by 2 years.
 - Age-appropriate recommended immunizations for all children, with emphasis on completion of basic series by age 2 years.

Document above findings and refer as necessary. Technical Assistance will be provided by Maternal and Child Health Branch (“MCHB”) on request. Provide developmentally appropriate anticipatory guidance and counseling and document in record.

- d) Provide support services, as indicated, as part of a comprehensive primary care visit and not bill separately for these services. Services may include, but are not limited to psychosocial assessment, care coordination, information, referral, education, and outreach. These services are further described in Section 5, Attachment C of this RFP.
- e) Provide tuberculin testing/reading and immunizations as part of a comprehensive primary care visit and not bill separately for these services.
- f) Develop written policies, procedures, and guidelines to address child abuse and neglect, elder abuse, intimate partner violence, and sexual assault. The violence protocol shall address screening and assessment, intervention, documentation, and follow-up. Develop workplace violence guidelines to assure the safety of employees, clients, and visitors.

2) Dental Treatment Services

The awardee shall, as applicable, provide on-site clinical services that include basic treatment services only. Basic treatment services shall include services necessary for the reduction of pain and/or infection and the restoration of function and excludes services provided solely for the purpose of aesthetic enhancement. A schedule of eligible dental treatment services shall be provided for in the contract.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

Unencumbered license (as applicable) to practice in the State of Hawaii for the following professions:

- Clinical Services - primary care physicians, psychiatrists, psychologists, certified nurse mid-wives, nurse practitioners, physician assistant
- Support Services – nurses, social workers, nutritionists, dieticians
- On-site dental treatment services - dentists, dental hygienists

2. Administrative

The awardee shall:

- Develop and implement a schedule of fees which is designed to recover reasonable costs for providing services and a corresponding schedule of adjustments based on the client's ability to pay.
- Invoice the DEPARTMENT for no more than one clinical visit per client per day with exception to same day referrals for behavioral health care and/or dental treatment services.
- Insure that all clients are screened for insurance eligibility.
- Submit claims to all billable third-party health insurers and other resources for recoverable costs. All other sources of funds shall be utilized before using funds from the State and consistent efforts shall be made to refer clients for any medical insurance, if eligible. Any uninsured client visits paid to the awardee by the State for which subsequent reimbursement is received from Medicaid or QUEST due to confirmation of eligibility shall be returned to the State.

- Be responsible for its own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996. (HIPAA)
- Acknowledge the DEPARTMENT and the Family Health Services Division as the awardee's program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
- Comply with all applicable policies and procedures of the DEPARTMENT.
- Comply with the DEPARTMENT's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. Please refer to Section 5, Attachment D of this RFP.

3. Quality assurance and evaluation specifications

The awardee shall conform to established community standards of care and practice which include, but are not limited to the following:

- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- American College of Obstetricians and Gynecologists (ACOG)
- Department of Health Statewide Perinatal Guidelines
- Put Prevention into Practice Guidelines
- Standards of care as addressed within policies and positions of the American Dental Association and the American Academy of Pediatric Dentistry

The awardee shall have a quality assurance plan in place to evaluate their adherence to the standards.

4. Output and performance/outcome measurements

As a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services, the Family Health Services Division will require the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving short term performance objectives for specific health indicators, given available resources and other external factors affecting the organization. These short term performance objectives are linked to long-term state-wide objectives that measure conditions in their entirety, e.g., the Healthy People 2010 objectives. Defined performance objectives are addressed in the Service Delivery section of the POS Proposal Application. (Refer to Section 3)

5. Experience

The awardee shall have experience in providing comprehensive primary care services to low income individuals and families.

6. Coordination of services

The awardee shall coordinate services with other agencies and resources in the community.

7. Reporting requirements for program and fiscal data

The awardee shall submit to the DEPARTMENT an annual Variance Report within 60 calendar days after the end of the fiscal year in the format requested by the DEPARTMENT, documenting the organization's achievement towards the planned performance objectives for the budget period (as submitted under their RFP proposal) and explaining any significant variances (+/-10%).

Requests for payments shall be made by submitting monthly invoices and client encounter reports which prescribes to the format set by the DEPARTMENT.

The client encounter report shall include a monthly client encounter summary sheet. The monthly client encounter summary sheet shall summarize the total client encounters for both pediatric (0-18 years old) and adults by the following encounter types: 1) primary care; 2) behavioral health care; and/or 3) dental treatment services.

The DEPARTMENT will work with awardees to develop procedures for submitting client encounter data electronically.

8. Pricing structure or pricing methodology to be used

Fixed unit of service rate.

9. Units of service and unit rate

For *comprehensive primary care services*, including *behavioral health care*, the unit of service is an uninsured clinical visit. The unit rate is \$90.00 per clinical visit. For on-site *dental treatment services*, the unit of service is an uninsured dental treatment visit. The unit rate for a dental treatment visit is \$90.00 per visit.

The unit rates above shall be subject to annual review and adjustment.

IV. Facilities

Facilities shall be adequate in relation to the proposed services and must meet ADA requirements, as applicable.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, and e-mail/phone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1) Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2) Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization**1) Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2) Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Service Activities

- Applicants shall describe their plan for providing on-site clinical services to uninsured individuals and families utilizing a multidisciplinary team approach. The plan shall delineate the type of clinical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity.
- Applicants shall describe their plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured individuals and families, and also describe the kinds of professional(s) responsible for providing these services.
- Applicants shall specify whether they will provide on-site behavioral health care services and their plan for implementing these services for uninsured individuals and families.

- Applicants shall specify whether they will provide on-site dental treatment services and how they plan to implement an on-site dental treatment services program for uninsured individuals and families. The plan shall include target population size and projected program capacity.

B. Management Requirements

- Applicants shall identify their baseline for the national year 2010 and Family Health Services Division performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the multi-year contract period. Please refer to Table A (Performance Measures) which should be completed and attached to the POS Application Proposal. This table may be found in Section 5, Attachment F of this RFP.

V. Financial

A. Pricing Structure Based on Fixed Unit of Service Rate

The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). The following form(s) shall be submitted with the POS Proposal Application:

- Form C-3 - Performance Based Budget for fiscal years 2006 through 2009. (Refer to Attachment E, Section 5 of this RFP)

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	100 Points
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

- 1. Administrative Requirements** (not applicable)
- 2. Proposal Application Requirements**
 - Proposal Application Identification Form (Form SPO-H-200)
 - Table of Contents
 - Program Overview
 - Experience and Capability
 - Project Organization and Staffing
 - Service Delivery
 - Financial (All required forms and documents)
 - Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

The State will use a Likert Scale to evaluate the proposal applications. A Likert Scale is a rating scale designed to quantify the evaluator's assessment of the application. A Likert Scale is often numerically numbered and typically has at least two anchors describing the extremes of the scale dimension.

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (20 Points)

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

- Demonstrated experience in providing comprehensive primary care services to low income individuals and families.

C. Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community.

E. Facilities

- Adequacy of facilities relative to the proposed services.

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. *Staffing*

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

B. *Project Organization*

- **Supervision and Training**: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- **Organization Chart**: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- Adequacy of applicant's plan in implementing a multidisciplinary team approach for providing on-site clinical services to uninsured individuals and families.
- Does the applicant's plan for providing on-site clinical services clearly delineate the type of clinical services they are intending to provide?
- Does the applicant's plan for providing on-site clinical services include estimates of the target population size and projected program capacity?
- Adequacy of applicant's plan for providing support services, including the professional staffing.
- Adequacy of applicant's plan in implementing an on-site dental treatment services program for uninsured individuals and families.
- Does the applicant's plan for providing on-site dental treatment services include estimates of the target population size and projected program capacity?

4. Financial (10 Points)**Pricing structure based on fixed unit of service rate.**

Is the applicant's proposal budget reasonable, given program resources and operational capacity?

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Description of Support Services
- D. Department of Health's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
- E. Form C-3 – Performance Based Budget
- F. Table A – Performance Measures

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 550-7

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
Form C-3 - Performance Based Budget	Section 3, RFP	Section 5, RFP (Attachment D)	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

Authorized Signature

Date

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Form C-3 – Performance Based Budget	
	B. Organization Chart Program Organization-wide	
	C. Performance Measurement Tables Table A	

DESCRIPTION OF SUPPORT SERVICES

- Individual client needs assessment which include a plan of care developed in collaboration with the client and/or family. This plan of care shall specify outcomes to be achieved, timelines, linkages to appropriate resources, and follow-up services as necessary.
- Care coordination, under the direction of an identified care coordinator, to clients who are determined to be at high risk for poor medical outcomes by established protocols. Services shall be outcome-based, coordinated, and planned with clients and/or families, and shall include individual and/or family counseling and support services, linkage to appropriate resources, and monitoring of clients' progress toward planned outcomes.
- Assistance to clients in securing and/or maintaining a health care home which provides continuity in well, acute, and chronic health care.
- Information and referral services regarding appropriate resources and needed services. Referrals shall be timely and include, but not be limited to referrals to family support and home visitor programs, QUEST, Women, Infants and Children nutrition program, dental services, and other health and social agencies.
- Individual outreach and educational services which are integrated with appropriate health services and specific to the individual's identified needs, which shall include, but not be limited to health promotion, immunization, family planning, and prenatal care.

LINDA LINGLE
GOVERNOR OF HAWAII



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

DEFINITIONS

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
 - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
 - (2) Insure this policy is enforced.
 - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
 - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

REFERENCES

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.

PERFORMANCE BASED BUDGET (SUMMARY SHEET)

RFP# HTH 550- 7
Page 1 OF 5

Applicant/Provider_____

Modality/Unit of Service to be Provided	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009
Clinical Visit	\$	\$	\$	\$
Dental Treatment Visit (as applicable)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Note:

Applicants must complete the Performance Based Budget Backup Worksheets for each fiscal year.

Prepared by:_____

Phone No. _____

Date: _____

Signature of Authorized Official:

Phone No.

Name & Title (Please Print or Type): _____

Date: _____

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2006)**

**RFP# HTH 550-7
Page 2 of 5**

Applicant/Provider _____

(a) Modality/Unit of Service to be Provided	(b) Number of Unduplicated, Uninsured Clients	(c) Frequency (Estimated Number of ¹ Service Units per Client per Fiscal Year)	(d) ² Total Service Units (b x c)	(e) Unit Cost	(f) Total FY 2006 (d x e)
Clinical Visit				90.00	\$
Dental Treatment Visit (as applicable)				90.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

¹ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured clinic visit.

² Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2007)**

**RFP# HTH 550-7
Page 3 of 5**

Applicant/Provider _____

(a) Modality/Unit of Service to be Provided	(b) Number of Unduplicated, Uninsured Clients	(c) Frequency (Estimated Number of ³ Service Units per Client per Fiscal Year)	(d) ⁴ Total Service Units (b x c)	(e) Unit Cost	(f) Total FY 2007 (d x e)
Clinical Visit				90.00	\$
Dental Treatment Visit (as applicable)				90.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

³ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured clinic visit.

⁴ Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2008)**

**RFP# HTH 550-7
Page 4 of 5**

Applicant/Provider _____

(a) Modality/Unit of Service to be Provided	(b) Number of Unduplicated, Uninsured Clients	(c) Frequency (Estimated Number of ⁵ Service Units per Client per Fiscal Year)	(d) ⁶ Total Service Units (b x c)	(e) Unit Cost	(f) Total FY 2008 (d x e)
Clinical Visit				90.00	\$
Dental Treatment Visit (as applicable)				90.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

⁵ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured clinic visit.

⁶ Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2009)**

**RFP# HTH 550-7
Page 5 of 5**

Applicant/Provider _____

(a) Modality/Unit of Service to be Provided	(b) Number of Unduplicated, Uninsured Clients	(c) Frequency (Estimated Number of ⁷ Service Units per Client per Fiscal Year)	(d) ⁸ Total Service Units (b x c)	(e) Unit Cost	(f) Total FY 2009 (d x e)
Clinical Visit				90.00	\$
Dental Treatment Visit (as applicable)				90.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

⁷ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured clinic visit.

⁸ Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

Table A – Performance Measures

Applicant Organization _____
RFP No. HTH 550-7

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
1. At least 95% of children under age two will have the basic immunization series.	<p>a) Number of children under age 2 receiving services was ____.</p> <p>b) Number of children under age 2 who received their basic immunization series was ____.</p> <p>c) The percentage of children under age 2 who received their basic immunization series was ____%.</p> <p>(b divided by a)</p>	a) The estimated proportion of children under age 2 who will have received their basic immunization series is ____%.	a) The estimated proportion of children under age 2 who will have received their basic immunization series is ____%.	a) The estimated proportion of children under age 2 who will have received their basic immunization series is ____%.	a) The estimated proportion of children under age 2 who will have received their basic immunization series is ____%.	

Table A – Performance Measures

Applicant Organization _____
RFP No. HTH 550-7

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
2. At least 80% of all children under the age of five years old will have a baseline ASQ and ASQ-SE.	<p>a) Number of children under the age of five years old receiving services was ____.</p> <p>b) Number of children under the age of five years old who had a baseline ASQ and ASQ-SE was ____.</p> <p>c) Percentage of all children under the age of five years old who had a baseline ASQ and ASQ-SE was ____%.</p> <p>(b divided by a)</p>	a) The estimated proportion of all children under the age of five years old receiving services who will have a baseline ASQ and ASQ-SE is ____%.	a) The estimated proportion of all children under the age of five years old receiving services who will have a baseline ASQ and ASQ-SE is ____%.	a) The estimated proportion of all children under the age of five years old receiving services who will have a baseline ASQ and ASQ-SE is ____%.	a) The estimated proportion of all children under the age of five years old receiving services who will have a baseline ASQ and ASQ-SE is ____%.	

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Applicant Organization _____
RFP No. HTH 550-7

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
3. At least 90% of all children two years of age will have received an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services.	<p>a) Number of children two years of age receiving services was ____.</p> <p>b) Number of children two years of age who received an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services was ____.</p> <p>c) Percentage of children two years of age who received an oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services was ____%</p> <p>(b divided by a)</p>	a) The estimated proportion of children two years of age who will receive an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services is ____%.	a) The estimated proportion of children two years of age who will receive an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services is ____%.	a) The estimated proportion of children two years of age who will receive an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services is ____%.	a) The estimated proportion of children two years of age who will receive an initial oral health screening, referral and follow up for necessary diagnostic, preventive and treatment services is ____%.	

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Applicant Organization _____
RFP No. HTH 550-7

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Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
4. At least 80% of all children receiving services will be screened for being overweight.	<p>a) Number of children receiving services was ____.</p> <p>b) Number of children screened for being overweight was ____.</p> <p>c) Percentage of all children receiving services who were screened for being overweight was ____%.</p> <p>(b divided by a)</p>	a) The estimated proportion of all children receiving services who will be screened for being overweight is ____%.	a) The estimated proportion of all children receiving services who will be screened for being overweight is ____%.	a) The estimated proportion of all children receiving services who will be screened for being overweight is ____%.	a) The estimated proportion of all children receiving services who will be screened for being overweight is ____%.	

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Applicant Organization _____
RFP No. HTH 550-7

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Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
5. At least 80% of all children below 6 years old receiving services will have at least one Child Lead Risk Screening Questionnaire completed.	<p>a) Number of children below 6 years old receiving services was ____.</p> <p>b) The number of children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was ____.</p> <p>c) The percentage of all children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was ____ %.</p> <p>(b divided by a)</p>	a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.	a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.	a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.	a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.	

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RFP No. HTH 550-7

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Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
6. At least 60% of people 65 years or older will have pneumococcal and influenza immunizations.	<p>a) Number of clients aged 65 yrs.or older was ____.</p> <p>b) Number of clients aged 65 yrs. or older who received pneumococcal and influenza immunizations was ____ .</p> <p>c) Percentage of clients aged 65 yrs. or older who received pneumococcal and influenza immunization was ____%.</p> <p>(b divided by a)</p>	a) The estimated proportion of clients aged 65 yrs or older who will receive pneumococcal and influenza immunizations is ____%.	a) The estimated proportion of clients aged 65 yrs or older who will receive pneumococcal and influenza immunizations is ____%.	a) The estimated proportion of clients aged 65 yrs or older who will receive pneumococcal and influenza immunizations is ____%.	a) The estimated proportion of clients aged 65 yrs or older who will receive pneumococcal and influenza immunizations is ____%.	

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Applicant Organization _____
RFP No. HTH 550-7

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Performance Measure	Baseline for Fiscal Year 2004	Annual Performance Objective for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
7. Increase to at least 50% the proportion of people with high blood pressure whose blood pressure is under control.	<p>a) Number of clients with high blood pressure was ____.</p> <p>b) Number of clients with high blood pressure whose high blood pressure was under control was ____.</p> <p>c) Percentage of clients with high blood pressure, whose high blood pressure was under control was ____%.</p> <p>(b divided by a)</p>	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.	